

CONSUMER SATISFACTION: WISCONSIN MEDICAID AND BADGERCARE HMO PROGRAM

2002 CAHPS[®] Satisfaction Survey Executive Summary

DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF HEALTH CARE FINANCING
BUREAU OF MANAGED HEALTH CARE PROGRAMS

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WISCONSIN MEDICAID/BADGERCARE
2002 CAHPS[®] HMO ENROLLEE
SATISFACTION SURVEY
EXECUTIVE SUMMARY

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Key to HMOs for Individual HMO charts:

AHP Atrium Health Plan
 DHP Dean Health Plan*
 GHC Group Health Cooperative-South Central*
 GHE Group Health Cooperative-Eau Claire
 HTP Health Traditions Health Plan
 MCP MercyCare Insurance Corporation*
 MHS Managed Health Services
 NHP Network Health Plan
 SHP Security Health Plan*
 THP TouchPoint Health Plan*
 UHC UnitedHealthcare*
 UHP Unity Health Plans*
 VHP Valley Health Plan

*This HMO is fully accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services (DHFS) HMO Accreditation Incentive Program.

Note: Five HMOs that were included in the 1999 Wisconsin Medicaid survey no longer participate in Medicaid or BadgerCare. Also, the HMO formerly known as Greater LaCrosse Health Plan is now Health Traditions. The HMO formerly known as Primecare is now known as UnitedHealthcare.

Notes to charts:

Chart 1: Numbers and percentages are not weighted to reflect probability of being selected from one HMO versus another that may have differing population size and characteristics. Slightly more accurate estimates of population satisfaction can be calculated by weighting scores by the probability of being selected to receive the survey, which varied by HMO. These weighted scores are available for 2002 but are not presented here because they are not available for the 1999 data. Weighted scoring data is available in the full report; see page 7 for information on how to obtain the full report.

Chart 2: Satisfaction scores were adjusted for population differences between the HMOs. In the 1999 survey, data were adjusted for age, enrollee self-reported health status, and education population differences. The 2002 data are corrected for age, enrollee self-reported health status, education, sex and race population differences. All 2002 differences among HMOs are not statistically significant.

Chart 5: The 1999 data was corrected for age, health rating, and education population differences. The 2002 data was corrected for age, health rating, education, sex, and race population differences. All 1999 differences across HMOs are not statistically significant.

INTRODUCTION

This report presents the results of key areas covered by a survey of Wisconsin Medicaid and BadgerCare HMO enrollees using a standardized survey called CAHPS® (Consumer Assessment of Health Plans).¹ The survey included state-specified modifications. One version of the survey was used when asking about children enrolled in the HMO, another version was used for adults. The survey was administered by a third party under contract with the Wisconsin Department of Health and Family Services.

This report presents information on key indicators selected by the Division of Health Care Financing Quality Management Committee that provide insight on enrollee satisfaction in areas important to consumers, such as access to care, HMO customer service, ratings of health care providers and overall quality of health care. The report includes data about overall program performance, as well as data on key indicators comparing performance by individual HMOs. The 2002 survey provided data on consumer satisfaction with the Medicaid (for low-income families) and BadgerCare programs.

The complete report includes details about the survey method, the questionnaire and data tables upon which the charts in this Executive Summary are based. The complete survey report is available for review or acquisition from the Department of Health and Family Services address listed at the end of this introduction.

This report provides comparisons with the survey results obtained on selected similar or identical survey questions when the CAHPS® survey was administered statewide in 1999.

The data comparisons are part of the process used for identification of system-wide or HMO-specific performance improvement opportunities. System-wide performance improvement initiatives are implemented through the Medicaid Quality Assessment/Performance Improvement strategic plan. HMO-specific performance improvement initiatives are implemented by individual HMOs. Performance improvement initiatives may be implemented in response to performance improvement opportunities. A "performance improvement opportunity" generally exists if the data indicates lower performance on that indicator relative to other indicators, if performance is significantly lower than the Wisconsin average on that indicator for 2002, or if performance has declined significantly from the 1999 result.

Analysis of the results for the topics included in this report is useful for targeting performance improvement efforts in specific program areas, such as the ease and speed of access to care, member service and ratings of health care providers as well as overall quality of health care.

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. government agency.

Please note that throughout this report, the scales used are not identical from graph to graph. This allows clearer visualization of differences of values where the range of values may be small, but for this reason, side-by-side comparison of charts cannot be made.

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EXECUTIVE SUMMARY AND KEY FINDINGS

During 2002, the Wisconsin Department of Health and Family Services had contracts with 13 health maintenance organizations (HMOs) to provide health services for individuals eligible for Medicaid. Since July 1999, individuals in the BadgerCare program have also been enrolled in Medicaid HMOs. Medicaid and BadgerCare enrollees are served in both managed care (HMO) and the fee-for-service delivery systems.

Nearly 12,000 Wisconsin Medicaid and BadgerCare HMO enrollees who were continuously enrolled in the same HMO from February 25 to August 25, 2002 were selected for voluntary participation in administration of the satisfaction survey. An average of more than 850 enrollees from each of the HMOs was randomly selected for the survey.

The overall response rate after two mailings and telephone contacts to non-responders was 38.9 percent, approximately 330 enrollees per HMO. The response rate among Medicaid enrollees was 35.6%. The response rate among BadgerCare enrollees was 48.3%. These response rates were sufficient to allow accurate results. The survey was administered by mail and telephone with accommodation for Spanish and Hmong-speaking enrollees. The survey was administered between September 18, 2002 and December 2002.

Medicaid serves a culturally diverse population with a wide range of needs. The table below summarizes the population represented by those who responded to the survey in 2002.

	Race				Ethnicity	Language spoken in home		
	African American	Asian	Native American	White	Latino	English	Spanish	Other
Medicaid	28.9%	4.2%	2.8%	63.8%	8.7%	94.2%	2.3%	3.5%
BadgerCare	15.0%	5.0%	1.0%	78.9%	3.4%	96.3%	0.8%	3.0%

Reflecting the demographic composition of this group of Medicaid enrollees, the majority of survey respondents were under age 45 years.

Program	Respondent age in years						
	18-24	25-34	35-44	45-54	55-64	65-74	75+
Medicaid	19.2%	38.4%	29.7%	9.0%	2.9%	0.6%	0.1%
BadgerCare	9.5%	36.2%	38.2%	13.3%	2.2%	0.1%	0.4%

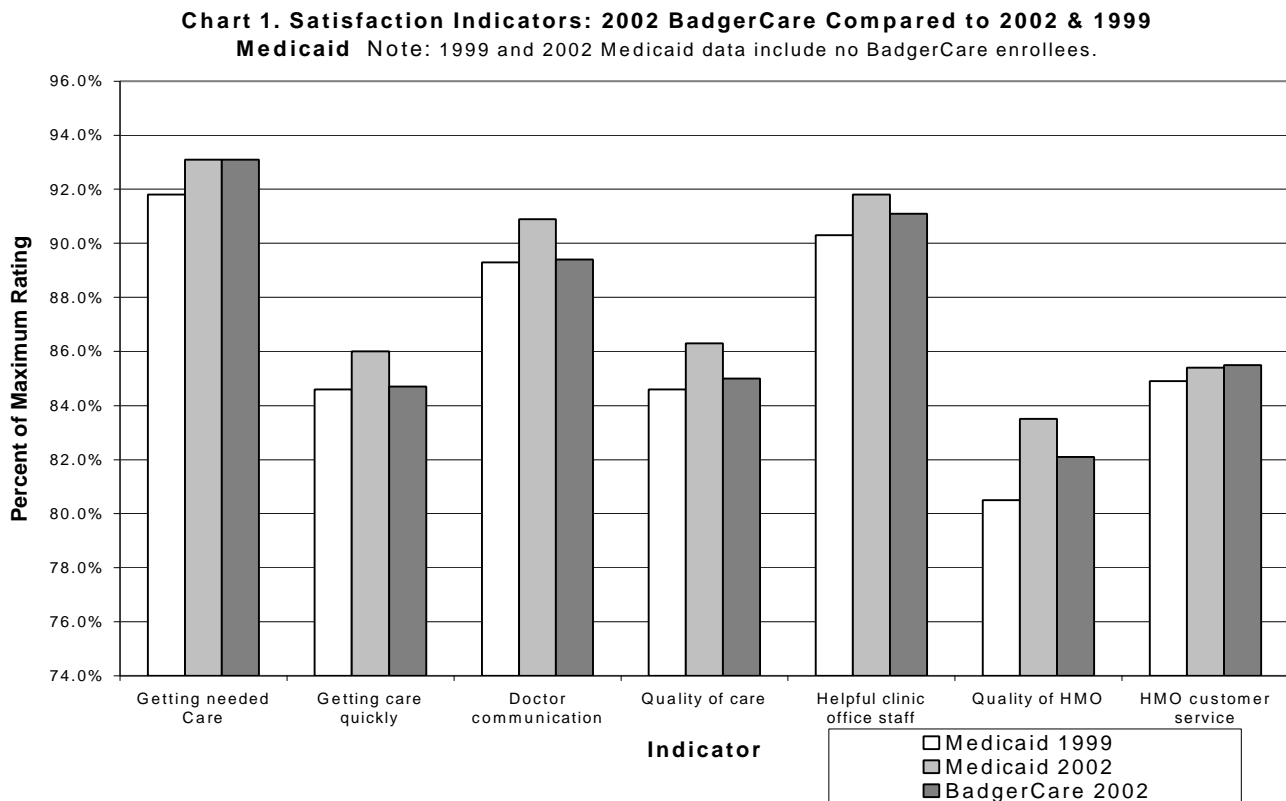
In Medicaid, 91.5 percent of the respondents were female and in BadgerCare, 78.1 percent of respondents were female. Male respondents comprised 8.5 percent of the survey responses in Medicaid, while 21.9 percent were male in BadgerCare. Overall, 58.7 percent of enrollees are female, 41.3 percent male.

2002 Medicaid and BadgerCare overall HMO results and 2002 Medicaid HMO results compared with 1999 Results

Overall enrollee satisfaction was high in both Medicaid and BadgerCare across all seven indicators. In addition, overall satisfaction ratings improved for all seven indicators among Medicaid enrollees between 1999 and 2002.

BadgerCare enrollees expressed satisfaction levels nearly equal those of Medicaid enrollees on two indicators; getting needed care and HMO customer service. Satisfaction on five other indicators was somewhat lower among BadgerCare enrollees than among Medicaid program enrollees, though not to a statistically significant degree.

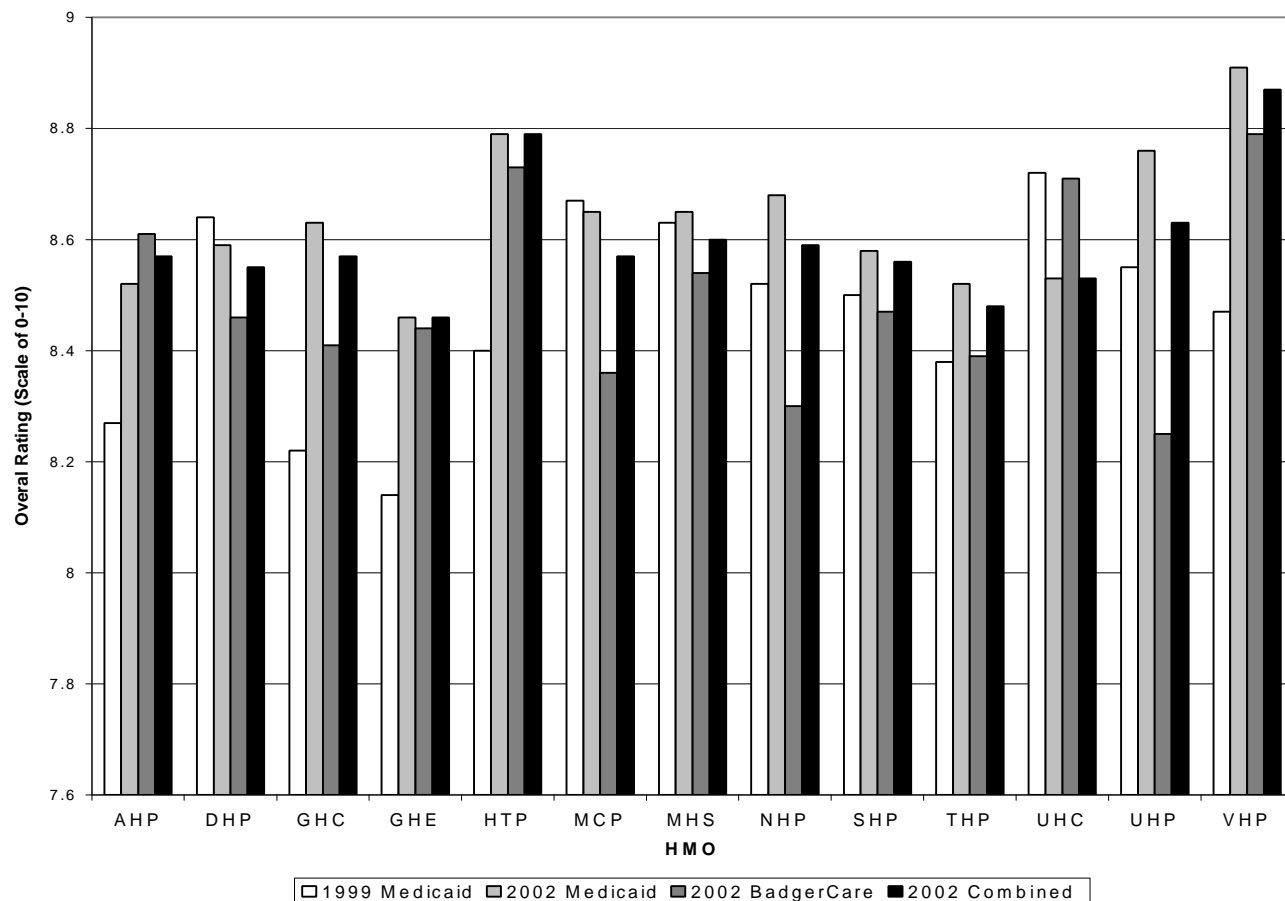
Chart 1 below illustrates the overall satisfaction ratings on the 7 key indicators with the responses expressed as a percentage of the highest rating possible for each indicator.



NOTE: Notes about this chart are on page 5.

2002 COMPARISON OF INDIVIDUAL HMO PERFORMANCE DATA

Chart 2. Overall Quality of Care by Individual HMO



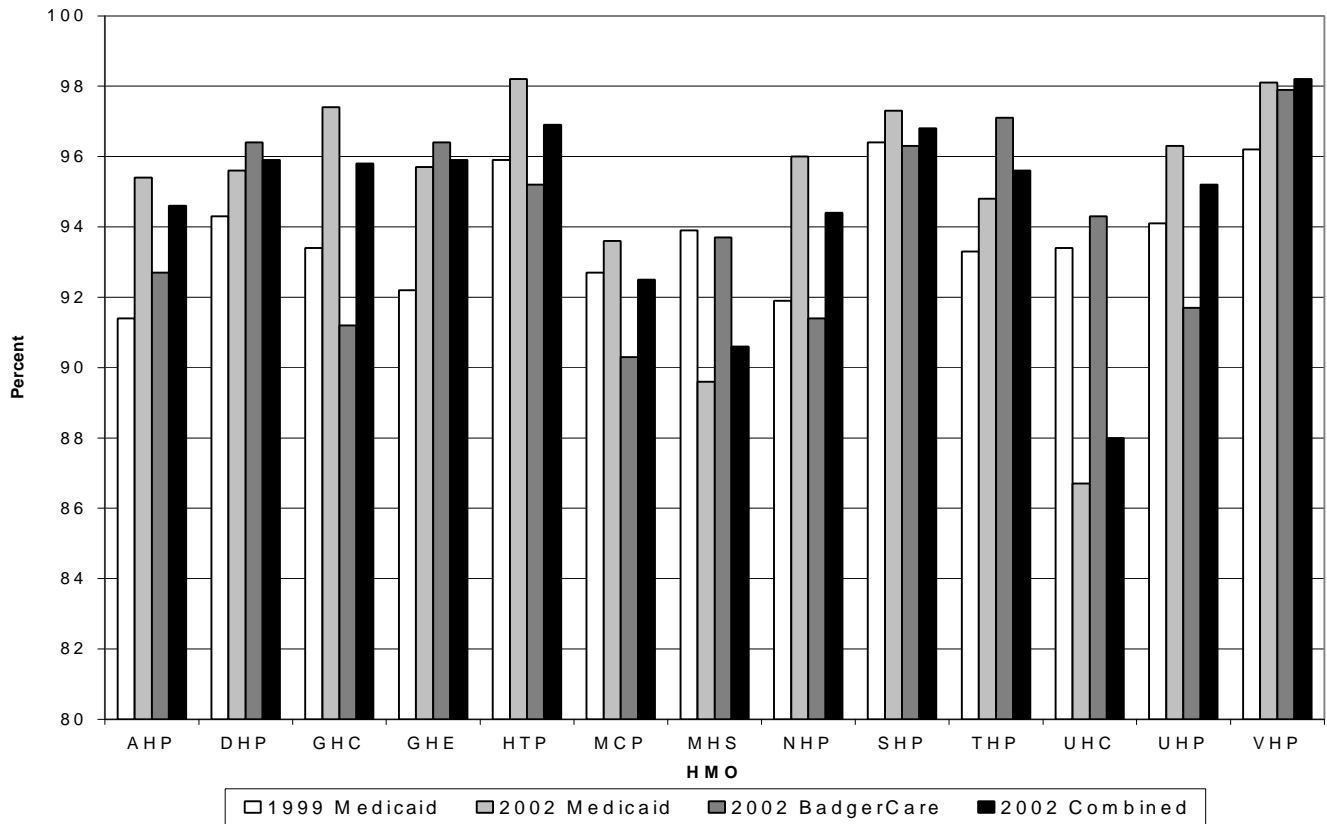
NOTE: HMO abbreviation key is on page 4. Notes about this chart are on page 5.

Chart 2 shows that consumer satisfaction ratings for overall quality of care declined slightly among Medicaid enrollees for three HMOs between 1999 and 2002 (Dean Health Plan, MercyCare, UnitedHealthcare). However, enrollee satisfaction on this indicator increased for ten other HMOs in the same period.

Satisfaction on this indicator was somewhat lower among BadgerCare enrollees than among Medicaid enrollees for 11 HMOs, but two HMOs, Atrium Health Plan and UnitedHealthcare, had somewhat higher ratings from BadgerCare enrollees than from Medicaid enrollees.

Two HMOs (Health Traditions and Valley Health Plan) had particularly strong performance on this indicator based on combined enrollee satisfaction in both programs; Touchpoint Health Plan had the lowest combined rating on this indicator.

Chart 3. Enrollees rating getting needed care as "not a problem " or a "small problem "



NOTE: HMO abbreviation key is on page 4.

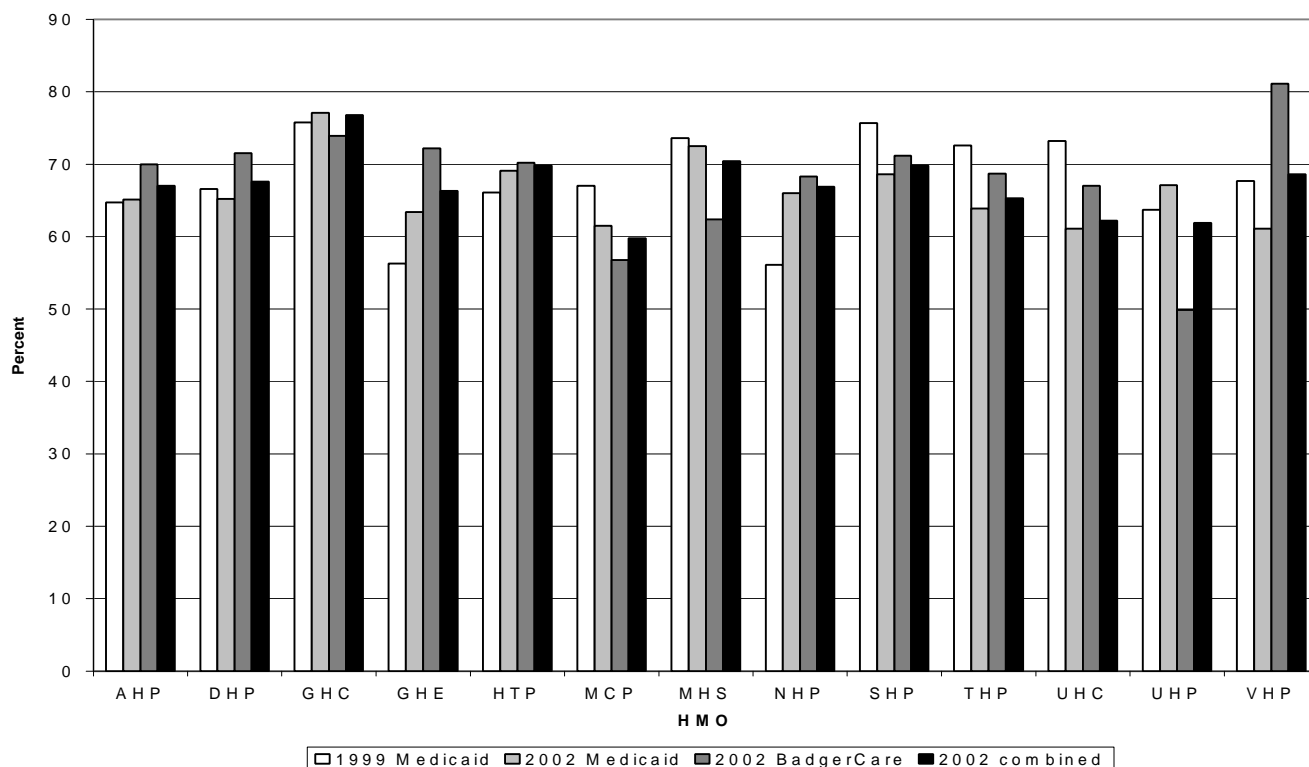
"Getting needed care" is an indicator that reflects enrollee satisfaction with access to care. Chart 3 above indicates the percentage of respondents who indicated that getting needed care was either "not a problem" or a "small problem," which would indicate satisfactory access to care.

Satisfaction with access to care improved among enrollees of 11 of 13 HMOs between 1999 and 2002. Only two HMOs (Managed Health Services and UnitedHealthcare) had a decline in satisfaction on this indicator.

Nine of 13 HMOs had satisfaction on this indicator that was somewhat lower among BadgerCare enrollees than among Medicaid enrollees. Reasons for this are unclear since the provider networks serving each population is exactly the same in each HMO.

Valley Health Plan, Security Health Plan and Health Traditions had the highest combined satisfaction rating on this indicator; UnitedHealthcare had the lowest.

Chart 4. Enrollees Rating getting HMO Customer Service as "Not a Problem"



NOTE: HMO abbreviation key is on page 4.

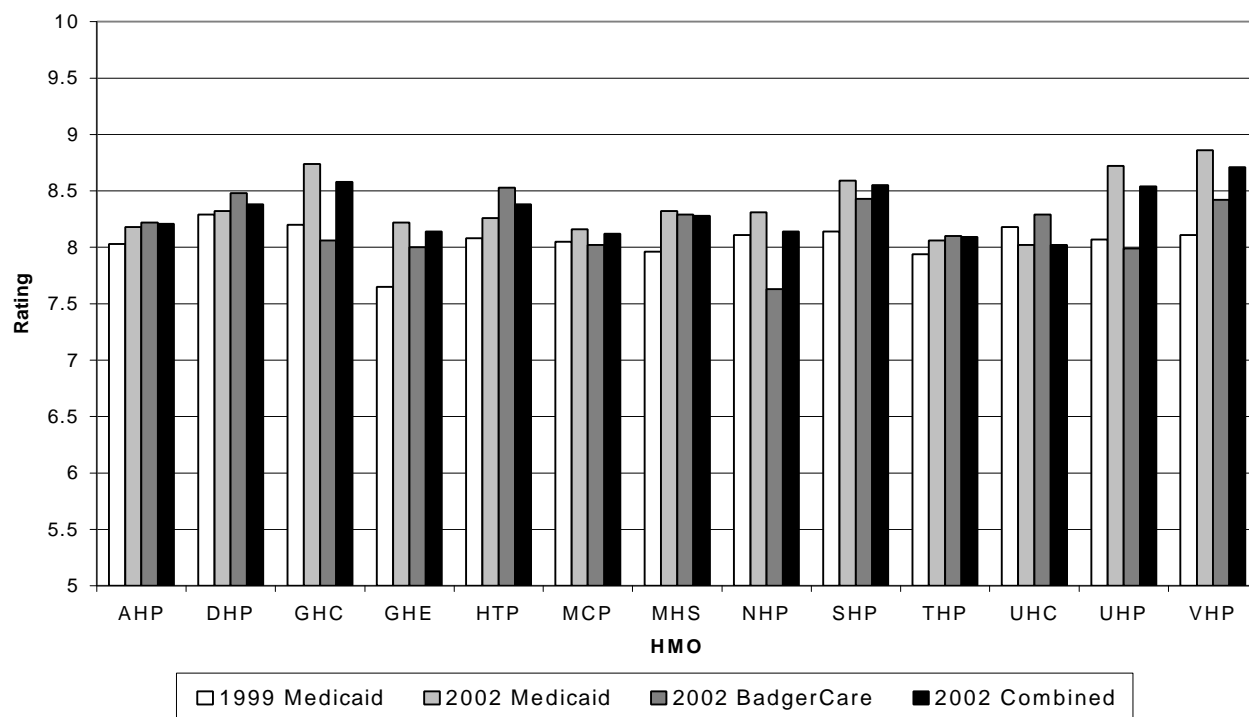
HMO customer service was identified as a performance improvement opportunity in the 1999 Medicaid satisfaction survey. Six HMOs had improved ratings from survey respondents in 2002 compared to 1999.

Both of the HMOs (Group Health Cooperative-Eau Claire and Network Health Plan) identified in 1999 as having significantly lower than average performance on this indicator exhibited significant improvement in 2002.

Unlike other indicators, in 2002 the majority of HMOs earned higher ratings on this indicator from BadgerCare enrollees than from Medicaid enrollees.

Group Health Cooperative-South Central had the highest combined satisfaction rating on this indicator; MercyCare Insurance Corporation had the lowest combined rating.

Chart 5. Enrollee Rating of HMO on a Scale of 0-10



NOTE: HMO abbreviation key is on page 4. Notes about this chart are on page 5.

Satisfaction with Medicaid/BadgerCare HMOs was generally high in 2002. In addition, 12 of 13 participating HMOs saw higher satisfaction among their Medicaid enrollees in 2002 than in 1999.

Eight of thirteen HMOs had somewhat lower satisfaction levels among their BadgerCare enrollees than among their Medicaid enrollees.

In the combined satisfaction rating representing the overall average rating by enrollees from both programs, Valley Health Plan, Unity Health Plans, Security Health Plans and Group Health Cooperative-South Central were all above the HMO average (8.32) to a statistically significant degree. MercyCare Insurance Corporation, Touchpoint Health Plan and UnitedHealthcare were all below the HMO average to a statistically significant degree.

